



**Attestation Form for Tobacco-Limited Services Policies and Procedures in  
OASAS Certified, Funded, or Otherwise Authorized Programs for Adults**

To: Office of the Chief Medical Officer

From: (State the type of program, for example: Part XXX)

Legal Name:

Program Address:

Operating Certificate #:  PRU #:

Instructions to the Program or Medical Director: Please complete the form below while closely reviewing the guidance document entitled, "Guidance on Tobacco-Limited Services for OASAS Certified, Funded, or Otherwise Authorized Programs for Adults."

Criteria	Policies/Procedures Meet Criteria (Y/N)
<b>Restrictions</b>	
Prohibits the use of tobacco products/nicotine delivery systems (NDS) by patients, all staff, volunteers, & visitors in the facility and in program vehicles	<input type="radio"/> Yes <input type="radio"/> No
Prohibits all staff, volunteers, family members, visitors from using tobacco products/NDS on facility grounds	<input type="radio"/> Yes <input type="radio"/> No
Prohibits all staff and volunteers from: <ul style="list-style-type: none"> <li>• purchasing tobacco/NDS for patients, family members, visitors</li> <li>• giving tobacco products/NDS to patients, family members, visitors</li> <li>• using tobacco products/NDS with patients, family members, visitors</li> <li>• giving matches/lighters to patients, family members, visitors</li> </ul>	<input type="radio"/> Yes <input type="radio"/> No
Prohibits advertising that the program is tobacco-limited during prepared presentations about the program and on all: <ul style="list-style-type: none"> <li>• social medial platforms</li> <li>• program websites</li> <li>• written materials about the program</li> </ul>	<input type="radio"/> Yes <input type="radio"/> No
<b>Training</b>	
All staff receive evidence-based training about: <ul style="list-style-type: none"> <li>• Screening/assessment for tobacco/nicotine use and tobacco use disorder (TUD)</li> <li>• Effects of tobacco/nicotine on physical and mental health</li> <li>• Counseling for reducing harm from and cessation of tobacco/nicotine use</li> <li>• Medications for the treatment of TUD</li> </ul>	<input type="radio"/> Yes <input type="radio"/> No
All staff receive trainings when hired and annually	<input type="radio"/> Yes <input type="radio"/> No
<b>Screening and Assessment</b>	
Intake forms have screening questions about tobacco/nicotine use	<input type="radio"/> Yes <input type="radio"/> No
Evidence-based screening instruments and assessments are used to determine current and lifetime tobacco/nicotine use and results documented in the patient's record.	<input type="radio"/> Yes <input type="radio"/> No
Evidence-based screenings are administered as part of the initial admission assessment and every six months while the patient is in the program.	<input type="radio"/> Yes <input type="radio"/> No
Tobacco/nicotine use or TUD is documented in diagnoses, problem lists, progress notes, and treatment plans	<input type="radio"/> Yes <input type="radio"/> No

<b>Treatment</b>	
Standardized, evidence-based group curriculum about the physical and psychological effects of tobacco and nicotine are provided	<input type="radio"/> Yes <input type="radio"/> No
Evidence-based group treatments aligned with patients' level of motivation to change tobacco/nicotine use and that use evidence-based interventions such as motivational interviewing and relapse prevention are provided	<input type="radio"/> Yes <input type="radio"/> No
FDA-approved medications for nicotine withdrawal, nicotine craving and TUD are provided	<input type="radio"/> Yes <input type="radio"/> No
Discharge planning include resources for aftercare allow the patient to continue with progress made towards reducing/ceasing tobacco/nicotine use	<input type="radio"/> Yes <input type="radio"/> No
Patient's response to group and pharmacologic treatments are documented	<input type="radio"/> Yes <input type="radio"/> No
<b>Communication</b>	
Patients, family, visitors, and all staff are informed of the tobacco-limited policies including posted notices and providing copies of the policy	<input type="radio"/> Yes <input type="radio"/> No

**Additional Criteria for Inpatient, Inpatient Residential, Intensive and Community Residential, and Residential Stabilization, Rehabilitation and Reintegration (Congregate), ONLY**

*Note: Inpatient programs located in a hospital or medical center or on their grounds must continue to follow the tobacco use policies and procedures of the hospital or medical center.*

<b>Criteria</b>	<b>Policies/Procedures Meet Criteria (Y/N)</b>
<b>Facility Grounds</b>	
Outdoor area on facility grounds where patients only may smoke cigarettes is designated	<input type="radio"/> Yes <input type="radio"/> No
Designated outdoor area is 100 feet from all entrances	<input type="radio"/> Yes <input type="radio"/> No
Staff, volunteers, family members, visitors are prohibited from using tobacco products or NDS in the designated outdoor area	<input type="radio"/> Yes <input type="radio"/> No
<b>Cigarette Tapering Protocols and Nicotine Dosing Administrations</b>	
Standardized cigarette tapering protocols that decrease the number of cigarettes smoked daily by a set amount at set intervals during admission are implemented	<input type="radio"/> Yes <input type="radio"/> No
Cigarette use by patients who do not want to be on cigarette tapering protocol is prohibited	<input type="radio"/> Yes <input type="radio"/> No
Cigarette use by patients who only use nicotine delivery systems or tobacco products other than cigarettes is prohibited	<input type="radio"/> Yes <input type="radio"/> No
Nicotine dosing administrations are scheduled in a manner consistent with the standardized cigarette tapering protocols: <ul style="list-style-type: none"> <li>• No more than ten (10) nicotine dosing administrations per day</li> <li>• The time permitted to use cigarettes will last for no more five (5) minutes</li> <li>• Schedule of nicotine dosing administrations is not arbitrary, is posted, and is communicated to staff and patients</li> </ul>	<input type="radio"/> Yes <input type="radio"/> No
Staff member remains with the patients during each scheduled nicotine dosing administration	<input type="radio"/> Yes <input type="radio"/> No
<b>Cigarettes, Lighters, and Matches</b>	
Prohibits patients from using NDS and tobacco products other than cigarettes	<input type="radio"/> Yes <input type="radio"/> No
Only closed and factory sealed packages of cigarettes are accepted by staff from the patient, the patient's family members, or the patient's visitors	<input type="radio"/> Yes <input type="radio"/> No

Selling or sharing cigarettes among patients is not permitted	<input type="radio"/> Yes <input type="radio"/> No
Trading cigarettes among patients for goods or services is not permitted	<input type="radio"/> Yes <input type="radio"/> No
Cigarettes are not to be used by staff as an incentive or reward	<input type="radio"/> Yes <input type="radio"/> No
Procedures for maintaining each patient's cigarette supply are established	<input type="radio"/> Yes <input type="radio"/> No
Procedures for distributing predetermined cigarette allotments according to the patient's tapering schedule are established	<input type="radio"/> Yes <input type="radio"/> No
Lighters or matches are held by the program and used to light cigarettes during nicotine dosing administrations	<input type="radio"/> Yes <input type="radio"/> No
Lighters and matches cannot be kept by patients during their admission	<input type="radio"/> Yes <input type="radio"/> No
Family members and visitors may not give matches or lighters to patients	<input type="radio"/> Yes <input type="radio"/> No

**Additional Criteria for Supportive Living, Residential Reintegration, and Outpatient Programs, ONLY**

*Note: Outpatient programs located in or on hospital or medical center grounds must continue to follow the tobacco use policies and procedures of the hospital or medical center.*

Criteria	Policies/Procedures Meet Criteria (Y/N)
<b>Facility Grounds</b>	
Outdoor area on facility grounds where patients only may smoke cigarettes is designated	<input type="radio"/> Yes <input type="radio"/> No
Designated outdoor area is 100 feet from all entrances	<input type="radio"/> Yes <input type="radio"/> No
Staff, volunteers, family members, visitors are prohibited from using tobacco products or NDS in the designated outdoor area	<input type="radio"/> Yes <input type="radio"/> No

Explanation of why policies and procedures do not meet criteria (attach additional sheets if necessary):

By signing below, I attest that the tobacco-limited services policies and procedures at the above-named program meet the criteria as described in "Guidance on Tobacco-Limited Services for OASAS Certified, Funded, or Otherwise Authorized Programs for Adults" with the exception of any requested revisions explained above. I understand that OASAS retains the right to review my program's tobacco-limited services policies and procedures at any time, and if the policies and procedures are found to be out of compliance with the above criteria and/or do not meet the standard of care for any reason, to request revisions to the policies and procedures and to initiate regulatory action as necessary and appropriate.

**Program or Medical Director Signature**

**Date**

**Approval:** I have reviewed and approve of this attestation document

**OASAS Associate Chief of Addiction Psychiatry/Designee Signature**

**Date**